

P23864.P01

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

P23864

Total Pages

Inventor(s) or Application Identifier: Tsuyoshi MAEDA

Title: SHEET-AFFIXING DEVICE AND SHEET-SUPPLYING DEVICE

ADDRESS TO:

**Commissioner for Patents  
Mail Stop Patent Application  
PO Box 1450  
Alexandria, VA 22313-1450**

22241 U.S. PTO  
10/633541  
08/05/03

| APPLICATION ELEMENTS  | ACCOMPANYING APPLICATION PARTS  |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br>(Submit an original, and a duplicate for fee processing)   | 9. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | a. <input type="checkbox"/> Computer Readable Form (CRF)  |
| a. <input type="checkbox"/> Small Entity Statement(s)   | b. Specification Sequence Listing on:   |
| 3. <input checked="" type="checkbox"/> Specification<br>(preferred arrangement set forth below)<br>- Descriptive title of the Invention   | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   |
| - Cross References to Related Applications  | ii. <input type="checkbox"/> paper  |
| - Statement Regarding Fed sponsored R & D   | c. <input type="checkbox"/> Statements verifying identity of above copies   |
| - Reference to sequence listing, a table, or a computer program listing appendix  | 10. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| - Background of the Invention   | 11. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee) |
| - Brief Summary of the Invention  | 12. <input type="checkbox"/> English Translation Document (if applicable)   |
| - Brief Description of the Drawings (if filed)  | 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations   |
| - Detailed Description  | 14. <input type="checkbox"/> Preliminary Amendment  |
| - Claim(s)  | 15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                 |
| - Abstract of the Disclosure  | 16. <input checked="" type="checkbox"/> Figure of Drawing to be published: <u>1</u>   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <span style="float: right;">[Total Sheets <u>10</u>]</span>  | 17. <input checked="" type="checkbox"/> Foreign priority claimed<br>a. <input checked="" type="checkbox"/> Claim of Priority    |
| 5. <input checked="" type="checkbox"/> Oath or Declaration <span style="float: right;">[Total Pages <u>3</u>]</span>  | b. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)   |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) <input type="checkbox"/> Unexecuted  | 18. <input checked="" type="checkbox"/> Assignee: <u>LINTEC Corporation, of Tokyo, Japan</u>                                    |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 20 completed)<br><u>[Note Box 6 below]</u>  | 19. <input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____  |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).   |   |
| 6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked)<br>The entire disclosure of the prior application, from which a<br>copy of the oath or declaration is supplied under Box 5b, is<br>considered as being part of the disclosure of the accompanying<br>application and is hereby incorporated by reference therein.           |   |
| 7. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |   |
| 8. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer<br>Program (Appendix)  |   |
| 20. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No. _____ / _____, filed _____.<br><i>Prior application information: Examiner: _____ Group Art Unit: _____</i> |   |
| 21. <input type="checkbox"/> Amend the specification by inserting before the first line the sentence:<br>This application is a _____ continuation-in-part, _____ continuation, _____ divisional, of Application No. _____ / _____, filed _____.   |   |

Address all future correspondence to Customer No. 7055 at the present address of:

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8/5/03

U

*Leslie J. Bernstein Reg. No. 33,329*  
Signature  
33,329

Bruce H. Bernstein, Reg. No. 29,027  
Typed or Printed Name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Tsuyoshi MAEDA

Serial No. : Not Yet Assigned

Filed : Concurrently Herewith

For : SHEET-AFFIXING DEVICE AND SHEET-SUPPLYING DEVICE

**CLAIM OF PRIORITY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby claims the right of priority granted pursuant to 35 U.S.C. 119 based upon Japanese Application No. 2002-230887, filed August 8, 2002. As required by 37 C.F.R. 1.55, a certified copy of the Japanese application is being submitted herewith.

Respectfully submitted,  
Tsuyoshi MAEDA

  
Bruce H. Bernstein  
Reg. No. 29,394

Reg. No.  
33,329

August 4, 2003  
GREENBLUM & BERNSTEIN, P.L.C.  
1950 Roland Clarke Place  
Reston, VA 20191  
(703) 716-1191



## FEE TRANSMITTAL

| <p>08/05/03</p>   |                 |                    |                 | Complete if Known  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
|---|-----------------|--------------------|-----------------|--|--------------|--------------------------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|-------------------------------|--|------|--------|------|--------|--------------------------|--|------|-----|------|----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-------|------|-----|---|--|------|-------|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-------|--------------------------|--|------|-----|------|----|---|--|------|-------|------|-----|--|--|------|-------|------|-----|--|--|------|-----|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|----|------|----|-------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|-------------------|--|------|-----|------|-----|--|--------------|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|--|--|--|--|---|--|---------------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------------------------------|--|
|   |                 |                    |                 | Application Number   |              | Not Yet Assigned               |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
|   |                 |                    |                 | Filing Date  |              | Concurrently Herewith          |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
|   |                 |                    |                 | First Named Inventor   |              | Tsuyoshi MAEDA                 |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
|   |                 |                    |                 | Group Art Unit   |              | Unassigned                     |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
|   |                 |                    |                 | Examiner Name  |              | Unassigned                     |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| TOTAL AMOUNT OF PAYMENT   |                 | (\$) <u>790.00</u> |                 | Attorney Docket Number   |              | P23864                         |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| METHOD OF PAYMENT (check one)   |                 |                    |                 | FEE CALCULATION (continued)  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| <p>1. <input checked="" type="checkbox"/> The U.S. Patent and Trademark Office is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <u>19-0089</u></p> <p>Deposit Account Name <u>GREENBLUM &amp; BERNSTEIN, P.L.C.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3)) <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) <input type="checkbox"/> Applicant Claims Small Entity Status See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> |                 |                    |                 | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Prior to Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for response within 1st month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for response within 2nd month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for response within 3rd month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for response within 4th month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Extension for response within 5th month</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Design issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Plant issue fee</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Submission of IDS</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Recording each patent assignment per property (times number of properties)</td><td><u>40.00</u></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="6" style="text-align: right;">*Reduced by Basic Filing Fee paid</td> <td colspan="2">SUBTOTAL (3) (\$)<u>40.00</u></td> </tr> </tbody> </table> |              |                                |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR |  | 1805 | 1,840* | 1805 | 1,840* | Prior to Examiner action |  | 1251 | 110 | 2251 | 55 | Requesting publication of SIR after Examiner action |  | 1252 | 410 | 2252 | 205 | Extension for response within 1st month |  | 1253 | 930 | 2253 | 465 | Extension for response within 2nd month |  | 1254 | 1,450 | 2254 | 725 | Extension for response within 3rd month |  | 1255 | 1,970 | 2255 | 985 | Extension for response within 4th month |  | 1401 | 320 | 2401 | 160 | Extension for response within 5th month |  | 1402 | 320 | 2402 | 160 | Notice of Appeal |  | 1403 | 280 | 2403 | 140 | Filing a brief in support of an appeal |  | 1451 | 1,510 | 1451 | 1,510 | Request for oral hearing |  | 1452 | 110 | 2452 | 55 | Petition to institute a public use proceeding |  | 1453 | 1,300 | 2453 | 650 | Petition to revive unavoidably abandoned application |  | 1501 | 1,300 | 2501 | 650 | Petition to revive unintentionally abandoned application |  | 1502 | 470 | 2502 | 235 | Utility issue fee (or reissue) |  | 1503 | 630 | 2503 | 315 | Design issue fee |  | 1460 | 130 | 1460 | 130 | Plant issue fee |  | 1807 | 50 | 1807 | 50 | Petitions to the Commissioner |  | 1806 | 180 | 1806 | 180 | Petitions related to provisional applications |  | 8021 | 40 | 8021 | 40 | Submission of IDS |  | 1809 | 750 | 2809 | 375 | Recording each patent assignment per property (times number of properties) | <u>40.00</u> | 1810 | 750 | 2810 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1801 | 750 | 2801 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1802 | 900 | 1802 | 900 | Request for Continued Examination (RCE) |  |  |  |  |  | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  | *Reduced by Basic Filing Fee paid |  |  |  |  |  | SUBTOTAL (3) (\$) <u>40.00</u> |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code     | Entity Fee (\$) | Fee Description  | Fee Paid     |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1051  | 130             | 2051               | 65              | Surcharge - late filing fee or oath  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1052  | 50              | 2052               | 25              | Surcharge - late provisional filing fee or cover sheet.  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1053  | 130             | 1053               | 130             | Non-English specification  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1812  | 2,520           | 1812               | 2,520           | For filing a request for reexamination   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1804  | 920*            | 1804               | 920*            | Requesting publication of SIR  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1805  | 1,840*          | 1805               | 1,840*          | Prior to Examiner action   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1251  | 110             | 2251               | 55              | Requesting publication of SIR after Examiner action  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1252  | 410             | 2252               | 205             | Extension for response within 1st month  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1253  | 930             | 2253               | 465             | Extension for response within 2nd month  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1254  | 1,450           | 2254               | 725             | Extension for response within 3rd month  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1255  | 1,970           | 2255               | 985             | Extension for response within 4th month  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1401  | 320             | 2401               | 160             | Extension for response within 5th month  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1402  | 320             | 2402               | 160             | Notice of Appeal   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1403  | 280             | 2403               | 140             | Filing a brief in support of an appeal   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1451  | 1,510           | 1451               | 1,510           | Request for oral hearing   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1452  | 110             | 2452               | 55              | Petition to institute a public use proceeding  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1453  | 1,300           | 2453               | 650             | Petition to revive unavoidably abandoned application   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1501  | 1,300           | 2501               | 650             | Petition to revive unintentionally abandoned application   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1502  | 470             | 2502               | 235             | Utility issue fee (or reissue)   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1503  | 630             | 2503               | 315             | Design issue fee   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1460  | 130             | 1460               | 130             | Plant issue fee  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1807  | 50              | 1807               | 50              | Petitions to the Commissioner  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1806  | 180             | 1806               | 180             | Petitions related to provisional applications  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 8021  | 40              | 8021               | 40              | Submission of IDS  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1809  | 750             | 2809               | 375             | Recording each patent assignment per property (times number of properties)   | <u>40.00</u> |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1810  | 750             | 2810               | 375             | Filing a submission after final rejection (37 CFR 1.129(a))  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1801  | 750             | 2801               | 375             | For each additional invention to be examined (37 CFR 1.129(b))   |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| 1802  | 900             | 1802               | 900             | Request for Continued Examination (RCE)  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
|   |                 |                    |                 | Request for expedited examination of a design application  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| Other fee (specify) _____   |                 |                    |                 |  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| Other fee (specify) _____   |                 |                    |                 |  |              |                                |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |
| *Reduced by Basic Filing Fee paid   |                 |                    |                 |  |              | SUBTOTAL (3) (\$) <u>40.00</u> |  |                |                 |                |                 |                 |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |                               |  |      |        |      |        |                          |  |      |     |      |    |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |       |      |     |   |  |      |       |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |       |                          |  |      |     |      |    |   |  |      |       |      |     |  |  |      |       |      |     |  |  |      |     |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |    |      |    |                               |  |      |     |      |     |   |  |      |    |      |    |                   |  |      |     |      |     |  |              |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |  |  |  |  |   |  |                           |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                                |  |

## SUBMITTED BY

|                       |                                  |      |                |                          |        |
|-----------------------|----------------------------------|------|----------------|--------------------------|--------|
| Typed or Printed Name | Bruce H. Bernstein               |      |                | Complete (if applicable) |        |
| Signature             | <i>Bruce H. Bernstein Aug 16</i> | Date | <u>8/15/03</u> | Reg. Number              | 29,027 |
|                       |                                  |      |                | Deposit Account User ID  |        |